ATTACHMENT V

Housing Authority of the County of Los Angeles Shelter Plus Care Client Progress Report (Quarterly Review)

CA#	(Example: CA16C44444)	Tenant Name:
Reporting Agency:		Veteran: Yes ☐ No ☐ Social Security #:
Reporting Period:		1st Visit Follow Up(date)
Admission:		☐ Chronically Homeless Prior to
Special Needs: Partic	cipant may have more than one spe	ecial need. Check each applicable category.
Mental Illness Physical Disability Alcohol Abuse HIV/AIDS and related	diseases	Developmental Disability Domestic Violence Drug Abuse Other (please specify)
Supportive Services	: Participant may receive more that	n one service. Check each applicable category.
Case Management Alcohol or Drug Abus HIV/AIDS Related Se Job/Educational Train Transportation Legal Money Management Employment Placeme	e Services	Skills (Outside of Case Management) Intal Health Services Using Placement Id Care Services Home Supportive Ider Health Care Services Ider (specify)
Please comment re Goal(s):	garding the client's goal(s) ar	nd progress:
Progress:	9.	
		The service of the se

Provide information in relation to the supportive services received (i.e., benefits, success, new/less supportive services needed and why?)					
Home Visit: Please document client's ho	ousekeeping skills.				
Concerns? Yes No (If Yes, docurremedy the condition)	ment concern(s) and what actions have been taken to				
Case Manager's Signature/Date	Participant's Signature/Date				
Address:	Address:				
Phone Number: ()	Phone Number: ()				
Next Quarterly Review Scheduled for:	mm/dd/yy				

(APPENDIX D)

S + C SUPPORTIVE SERVICES MATCH QUARTELY TRACKING FORM

NAME C	NAME:			
YES	SERVICE OR REFERRAL	HOURS	RATE	MATCH \$
	a. Outreach			
	b. Case Management/Care Coordination	10		
	c. Intensive Day Treatment/Therapy			T
	d. Life Skills Training			
	e. Alcohol and Drug Abuse Services:		100000000000000000000000000000000000000	
	f. Mental Health Service			
	1. Hospitalization			
	2. Other			
	g. AIDS Related Services			
	h. Health Care			
	1. Clinic		3.	
	2. Other			
	i. Education (GED or Other)			
	j. Employment Services			
	1. Job Training Enterprises			
	2. Other			
	k. Child Care		100000	
	I. Children Services			
	m. Residential Management Services			
	n. Follow-up (transitional housing)			
	o. Crisis Bed			
	p. Representative Payee Services			
	q. Food Pantries			
	r. Other:			
TOTAL S	UPPORTIVE SERVICES MATCH =			

I verify in accordance with Federal reporting guidelines that the above information is accurate correct.

Date

Signature